Substitute for form 1449/PTO (Revised 04/2003)				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT *(Use as many sheets as necessary)*				Application Number	To be assigned
				Filing Date	Concurrently herewith
				First Named Inventor	Cynthia Stephenson
				Group Art Unit	To be assigned
				Examiner Name	To be assigned
Sheet	1	of	1	Attorney Docket Number	47695/262765

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Examiner Signature	Ted Kavanaugh Primary Examiner	Date Considered	1/10/05

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.